

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.															
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial)			b. SOCIAL SECURITY NO.		6. PERIOD OF TRAVEL a. FROM b. TO															
	c. MAILING ADDRESS (Include ZIP Code)			d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)															
	e. PRESENT DUTY STATION			f. RESIDENCE (City and State)		10. CHECK NO.															
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		11. PAID BY															
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 15%;">AGENT'S VALUATION OF TICKET <i>(a)</i></th> <th rowspan="2" style="width: 10%;">ISSUING CARRIER <i>(Initials)</i> <i>(b)</i></th> <th rowspan="2" style="width: 10%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i></th> <th rowspan="2" style="width: 10%;">DATE ISSUED <i>(d)</i></th> <th colspan="2" style="width: 45%;">POINTS OF TRAVEL</th> </tr> <tr> <th style="width: 35%;">FROM <i>(e)</i></th> <th style="width: 10%;">TO <i>(f)</i></th> </tr> </thead> <tbody> <tr><td style="height: 150px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(Initials)</i> <i>(b)</i>	MODE, CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL		FROM <i>(e)</i>	TO <i>(f)</i>						
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				FROM <i>(e)</i>	TO <i>(f)</i>																
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.																					
TRAVELER SIGN HERE ▶				DATE		AMOUNT CLAIMED ▶ \$															
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																					
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)																	
APPROVING OFFICIAL SIGN HERE ▶				DATE		\$															
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>Certifier's initials:</i>																	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE		\$															
18. ACCOUNTING CLASSIFICATION				d. NET TO TRAVELER ▶ \$																	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self-explanatory)</i>		Complete this information if this is a continuation sheet. PAGE _____ OF _____ PAGES	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	TRAVEL AUTHORIZATION NO.
			TRAVELER'S LAST NAME	

TRAVELER'S LAST NAME

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

TOTAL
AMOUNT
CLAIMED ▶